

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 417)

SERIAL NO.

1072455

FILING DATE

8-20 CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1					1	
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TOTAL NO.					2	
TOTAL OFF.					55	
TOTAL					57	

	NO.		OFF.		NO.	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
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